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\* Admitted in NY only  
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\*\*\* Passed the Patent Bar Examination

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JAN 25 2001

TECH CENTER 160Q/2900

November 16, 2000

Assistant Commissioner for Patents  
Washington, D.C. 20231

**Attention:** Office of Initial Patent Examination  
Customer Service Center

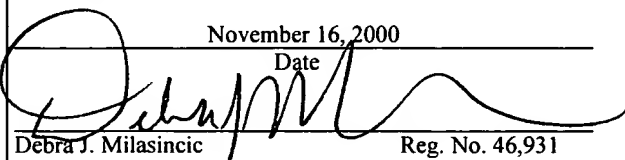
Re: U.S. Continuation Patent Application Serial No. 09/439,740  
Title: *Recombinant Transferrins, Transferrin  
Half-Molecules and Mutants Thereof*  
Filed: November 15, 1999  
Inventors: Walter D. Funk, *et al.*  
Our Reference: UVI-005CP2CN

Dear Sir:

I enclose herewith for filing in the above-identified application the following:

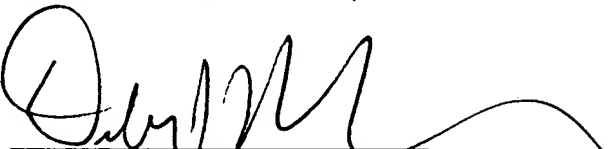
1. Request for Correction of Filing Receipt;
2. Copy of the Filing Receipt (with changes noted thereon); and
3. Return postcard.

Please charge any deficiencies associated with this communication to our Deposit  
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|    | November 16, 2000<br>Date |
| Debra J. Milasincic   | Reg. No. 46,931           |

Respectfully submitted,

LAHIVE & COCKFIELD, LLP

  
Debra J. Milasincic  
Reg. No. 46,931

Enclosures



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JAN 25 2001

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In re the Application of: Walter D. Funk, et al.

Serial No.: 09/439,740

Filed: November 15, 1999

For: Recombinant Transferrins, Transferrin  
Half-Molecules and Mutants Thereof

Attorney Docket No.: UVI-005CP2CN

Group Art Unit: 1636

Examiner:

Assistant Commissioner for Patents  
Washington, D.C. 20231

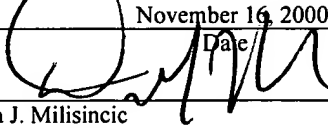
**Attention:** Office of Initial Patent Examination  
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**REQUEST FOR CORRECTION OF FILING RECEIPT**

Dear Sir:

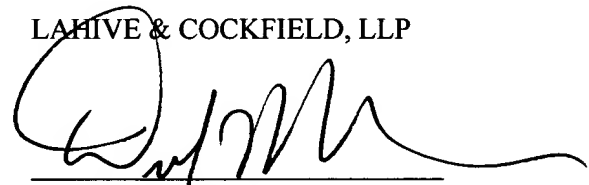
The Filing Receipt for the above-identified patent application incorrectly lists the state of Applicant, Walter D. Funk. **The correct state of Mr. Funk should be Union City, "CA."**

Applicants request that the Filing Receipt be corrected. A copy of the Filing Receipt with the changes noted thereon is submitted herewith.

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| I hereby certify that this correspondence is deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center Washington, DC 20231 on: |                   |
|   | November 16, 2000 |
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Respectfully submitted,

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Debra J. Milisincic  
Reg. No. 46,931

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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|-----------------|----------|------------|------------|
| 09/439,740         | 11/15/1999  | 1636         | 694           | UVI-005CP2CN    | 8        | 26         | 8          |

959  
LAHIVE & COCKFIELD  
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**CORRECTED FILING RECEIPT**



\*OC000000005461120\*

Date Mailed: 10/10/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

**Applicant(s)**

WALTER D. FUNK, UNION CITY, TX: ~~TX~~ CA  
ROSS T. A. MACGILLIVRAY, VANCOUVER, CANADA;  
ANNE B. MASON, CHARLOTTE, VT;  
ROBERT C. WOODWORTH, SHELBURNE, VT;

**Continuing Data as Claimed by Applicant**

THIS APPLICATION IS A CON OF 08/175,158 12/28/1993 PAT 5,986,067  
WHICH IS A CIP OF 07/832,029 02/06/1992 ABN  
WHICH IS A CIP OF 07/652,869 02/08/1991 ABN

**Foreign Applications**

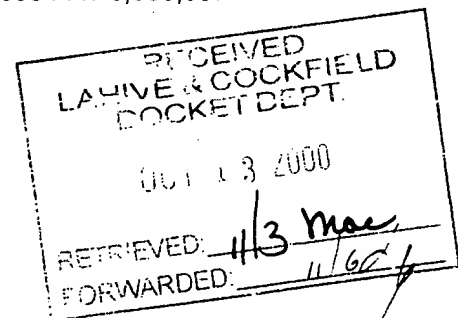
**\*\* SMALL ENTITY \*\***

**Title**

RECOMBINANT TRANSFERRINS, TRANSFERRIN HALF-MOLECULES AND MUTANTS THEREOF

**Preliminary Class**

435



Data entry by : HILL, SEAN

Team : OIPE

Date: 10/10/2000 **RECEIVED**



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Bib Data Sheet

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/439,740 | <b>FILING DATE</b><br>11/15/1999<br><b>RULE</b> - | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1636 | <b>ATTORNEY DOCKET NO.</b><br>UVI-005CP2CN |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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 ROSS T. A. MACGILLIVRAY, VANCOUVER, CANADA;  
 ANNE B. MASON, CHARLOTTE, VT ;  
 ROBERT C. WOODWORTH, SHELBURNE, VT ;

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THIS APPLICATION IS A CON OF 08/175,158 12/28/1993 PAT 5,986,067  
 WHICH IS A CIP OF 07/832,029 02/06/1992 ABN  
 WHICH IS A CIP OF 07/652,869 02/08/1991 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* SMALL ENTITY \*\***

|   |   |                               |                            |                           |                                |
|---|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>TX | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>26 | <b>INDEPENDENT CLAIMS</b><br>8 |
| Verified and Acknowledged                                   | Examiner's Signature _____ Initials _____   |                               |                            |                           |                                |

**ADDRESS**

959

**TITLE**

RECOMBINANT TRANSFERRINS, TRANSFERRIN HALF-MOLECULES AND MUTANTS THEREOF

|                                   |   |  |
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| <b>FILING FEE RECEIVED</b><br>694 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |   | <input type="checkbox"/> Other _____                           |
|                                   |   | <input type="checkbox"/> Credit                                |